

Monthly Permit Officer Report

Send to:
EQUAL RIGHTS DIVISION
PO BOX 8928
MADISON WI 53708-8928

Complete and submit this document regardless whether any permits/certificates have been issued in the month. Retain a copy for your records. Submit the original to the Equal Rights Division at the address in the upper right corner no later than the 10th of the following month. Personal information you provide may be used for secondary purposes (Privacy Law, s.15.04 (1) (m))

Month _____ 20 _____	This is a true and correct statement
Number of Child Labor Permits Issued _____	Permit Office Number
Number of Street Trades Permits Issued _____	Permit Officer's Signature
Number of Age Certificates Issued _____	Permit Officer's Telephone Number
Total Number Issued _____	Permit Office Name
Total Amount of Fees Collected \$ _____	Permit Office Street Address
Divide the Amount of Fees Collected by 2 \$ _____	Permit Office City, State, Zip Code
Total amount of fees sent to the Equal Rights Division \$ _____	
DO NOT SEND CASH!	